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CONFIRMATION NO. 6125

<b>SERIAL NUMBER</b> 10/801,277	<b>FILING OR 371(c) DATE</b> 03/16/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> D5716CIP4/C
<b>APPLICANTS</b> Staley Brod, Houston, TX; <i>OK JS 4/4/07</i>				
<b>** CONTINUING DATA *****</b> <i>OK JS 4/4/07</i> This application is a CIP of 08/946,710 10/08/1997 ABN which is a CIP of 08/631,470 04/12/1996 ABN which is a CIP of 08/408,271 03/24/1995 ABN which is a CIP of 08/226,631 04/12/1994 ABN				
<b>** FOREIGN APPLICATIONS *****</b> <i>None JS 4/4/07</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 12
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 52034				
<b>TITLE</b> Method of treating auto-immune diseases using type one interferons				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	